



Influenza in Pregnancy/Postpartum Information for Obstetric Providers

Influenza is a contagious respiratory disease that can cause mild to severe illness. Flu activity generally starts to increase in October and most commonly peaks during the winter months. Data on flu activity in Washington are published weekly in the Washington State Department of Health Flu Update:
www.doh.wa.gov/Portals/1/Documents/5100/fluupdate.pdf

Pregnant women are at higher risk for developing severe complications from influenza compared to women who are not pregnant. Pregnant women with influenza also have a greater chance of having obstetric problems, including premature labor and delivery.

All pregnant women should get vaccinated during any trimester of pregnancy. In addition to protecting the pregnant woman, flu vaccination protects the newborn who is too young to receive vaccine. Advice from a health care provider plays an important role in a woman's decision to get vaccinated. **Pregnant women should not receive live attenuated vaccine (nasal spray).**

It is imperative that pregnant women with influenza illness get treated with antiviral medications and acetaminophen for fever as soon as possible. Data from the 2009–2010 influenza season showed women who were treated early with antiviral medications were less likely to be admitted to an intensive care unit and less likely to die. In addition, available data suggest that neuraminidase inhibitors (oseltamivir and zanamavir) are not teratogenic.

Refer to the checklist on the back of this handout to prepare your practice for flu season.

**Pregnant women should be vaccinated against the flu.
If flu symptoms develop, treatment should begin as soon
as possible after illness onset.**

Resources:

CDC Health Advisory: Early reports of pH1N1–Associate Illnesses for the 2013–2014 Influenza Season. December 24, 2013. Available at: <http://emergency.cdc.gov/HAN/han00359.asp>

ACOG Influenza Vaccination during Pregnancy. Committee Opinion No. 608. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014; 116:1006–7. Available at: www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Influenza_Vaccination_During_Pregnancy

Practice Preparations and Patient Care for Flu Season

Practice preparations

- ☐ Develop a plan for your practice during influenza season. Include how to keep pregnant staff and pregnant patients separated from potentially infected patients. For assistance go to the Centers for Disease Control and Prevention (CDC): www.cdc.gov/flu/professionals/vaccination/index.htm
- ☐ Arrange for vaccinations for yourself and your staff as soon as available.
- ☐ Provide women with information about planning for flu season. CDC site: www.cdc.gov/flu/keyfacts.htm
- ☐ Routinely confirm phone contact information on all pregnant women.
- ☐ Develop a practice plan to:
 - Advise pregnant women to get vaccinated during any trimester of pregnancy.
 - Provide flu vaccines in your office. You can bill an administration code.
 - Issue standing orders for vaccination.
 - Establish a reminder system for flu vaccinations.
 - Educate patients about flu symptoms and reporting symptoms by phone immediately.
 - Ease pregnant women's concerns about taking medication and vaccines during pregnancy by emphasizing benefits and safety of treatment and immunizations during pregnancy.
 - Ensure rapid access to phone consultation and clinical evaluation.
 - Isolate sick patients.
 - Monitor those patients you treat for flu.
 - Consider treatment of pregnant and postpartum women (up to 2 weeks) based on phone contact if hospitalization is not indicated and if this will reduce delay in treatment.
- ☐ Licensed midwives will need to make arrangements with a provider having prescriptive authority to assure that their patients get antiviral medication quickly. Options include referral to the woman's primary care or another obstetric provider.

Patient care

- ☐ Promote influenza vaccine for women at visits prior to conception, during pregnancy and postpartum. For more information about flu vaccine go to: www.cdc.gov/flu/protect/vaccine/index.htm
- ☐ Begin antiviral and fever treatment based on clinical evaluation as soon as possible, preferably within the first 48 hours. Although it is ideal to begin treatment less than 48 hours after symptoms begin, there is clinical benefit when treatment is initiated later. Do not delay antiviral treatment while waiting for laboratory confirmation. The sensitivities of Rapid Influenza Diagnostic Tests (RIDT) are generally 40–70 percent; therefore, a negative RIDT does not exclude the diagnosis of influenza. Discontinuing medication should not be based on a negative RIDT, unless a likely alternative diagnosis is made.
- ☐ Treat regardless of whether the woman has been vaccinated. Vaccination is only about 60 percent effective.
- ☐ Check the CDC sites for testing recommendations: www.cdc.gov/flu/professionals/diagnosis/index.htm and treatment recommendations: www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm
- ☐ Fever in pregnant women should be treated because of the risk that it appears to pose to the fetus. Acetaminophen appears to be the best option for treatment of fever during pregnancy.
- ☐ Monitor sick pregnant women closely. If symptoms are mild, pregnant women may be encouraged to stay at home with frequent phone consultation.
- ☐ Consider treating women who have been exposed to someone with flu with prophylactic antiviral medication: www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm
- ☐ Encourage women to breastfeed their newborns, even while being treated for flu.
- ☐ Report flu-associated deaths to the local public health agency where the patient resides.

More information

For more information on flu in Washington State: www.doh.wa.gov/flunews

For the patient handout *Flu and Pregnancy: Some Things You Need to Know*: <http://here.doh.wa.gov/materials/flu-and-pregnancy>